## **Grant Application Signature Page** State of Kansas Department of Health and Environment

Grant Period: July 1, 2016 - June 30, 2017

1000 SW Jackson, Suite 340 Topeka, Kansas 66612-1365

This form, complete with signatures, is required to complete your Aid to Local application package. Upload to Catalyst as an attachment on the Organization Summary Page. All applications due March 15, 2016.

Applicant: (Name of Agency) Gerard House	Child Care Licensing Program	
Applicant: (Name of Agency)	Chronic Disease Risk Reduction	
	Community-Based Primary Care Clinic Grant	
	Disease Intervention	
044411 1	Family Planning	
Street Address/PO Box 3144 N. Hood	Healthy Family Services	
\\/ichita	HIV Prevention Program – Community	
Wichita Zip Code 67204	HIV Prevention Program – Opt Out	
	Immunization Action Plan	
Name of Director Deneen Dryden, LMSW	Maternal & Child Health	
Name of Director	Pregnancy Maintenance Initiative (PMI)	\$50,271
Primary Contact Kathi Greger	PREP	
	Public Health Emergency Preparedness	
Telephone of Primary Contact 316.239.3520	Ryan White	
	Special Health Care Needs	
	State Formula	
	Teen Pregnancy Targeted Case Management	
	WIC/ICP Collaborative	
Signaturate	Total Funds Requested:	\$50,271

Signatures:

Monica Coen

President/Chairman Local Board of Health or Board of Directors

Date: March 15, 2016

Administrator/Director

Date: \_\_\_\_March 9, 2016